MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/543095 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51				/		
2								52				/		
3								53				/		
4								54				/		
5								55				/		
6								56				/		
7								57				/		
8								58				/		
9								59				/		
10								60				/		
11								61				/		
12								62				/		
13								63				/		
14								64				/		
15								65				/		
16								66				/		
17								67				/		
18								68				/		
19								69				/		
20								70				/		
21								71				/		
22								72				/		
23								73				/		
24								74				/		
25								75				/		
26								76				/		
27								77				/		
28								78				/		
29								79				/		
30								80				/		
31								81				/		
32								82				/		
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42			/					92						
43				/				93						
44				/				94						
45				/				95						
46				/				96						
47				/				97						
48				/				98						
49				/				99						
50				/				100						
TOTAL IND.		⬇	/	⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	40	⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			41					TOTAL CLAIMS						